



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 120326

June-11-14 11:03:07 AM

**\*120326\***

Page 2

Item ID: D4956-15

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Wearshoe

Start Date: 6/04/14

Start Qty: 20.00

**\*20\***

Cust Item ID:

Required Date: 6/04/14

Req'd Qty: 20.00

**\*20\***

Customer:

Reference:

Run Start

**\*NR1\***

Stop

**\*NR2\***

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC8- Inspect parts - second check

0.00

*SPK*  
*4/6/13*

**\*120\***

QC

Memo

0.00

Quality Control

*20*

130

Form as per dwg

0.00

**\*130\***

Brake NC

Memo

0.00

Brake NC

FORM JOGGLE AS DWG

*20x*

*14/06/17*  
**DAS**  
**36**  
**9-89**

140

QC5- Inspect part completeness to step on W/O

0.00

**\*140\***

QC

Memo

0.00

Quality Control

*DAS*  
*27*  
*9-89*  
*4/6/17*

*20*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 120326

June-11-14 11:03:07 AM

\*120326\*

Page 3

Item ID: D4956-15 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Wearshoe  
 Start Date: 6/04/14 Start Qty: 20.00 \*20\* Cust Item ID:  
 Required Date: 6/04/14 Req'd Qty: 20.00 \*20\* Customer:

## Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

\*150\*

HandFinish

Hand Finishing

Memo

1- After finish, coat entire top (concave) surface as per note 2 dwg D4956.  
 TEXTURED COATING B#: 129269

0.00

0.00

20

9/14/06-17

160

\*160\*

QC

Quality Control

QC3- Inspect Part Finish

Memo

0.00

0.00

DAS  
27  
14/6/18

20  
cont

170

\*170\*

Packaging

Packaging

Identify as per dwg & Stock Location: EP-002 0.00

Memo

0.00

x20 of 14 Noels

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

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**Work Order ID 120326**

June-11-14 11:03:07 AM

**\*120326\***

Page 4

Item ID: D4956-15

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Wearshoe

Start Date: 6/04/14 Start Qty: 20.00

**\*20\***

Cust Item ID:

Required Date: 6/04/14 Req'd Qty: 20.00

**\*20\***

Customer:

Reference:

Run Start **\*NR1\***

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	QC21- Final Inspection - Work Order Release	0.00							
<b>*180*</b>									
QC	Memo	0.00							
Quality Control									

14/6/19 JH  
UMF  
14-6-18

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

June-11-14 11:03:12 AM

Page 1

Work Order ID: 120326

\*120326\*

Parent Item: D4956-15

\*D4956-15\*

Parent Item Name: Wearshoe

Start Date: 6/04/14

Required Date: 6/04/14

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A 14.04.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S20GA		Purchased		No			sf	277.6519		20			DAS 23 9-89 14-06-13
**													

\*M304S20GA\*

304/316 .040 Sheet

## Location

## Loc Qty

## Loc Code

MAT020

277.6518948

m126852

0.31

m127454

26.1018948

m128435

125.24

m129128

126

129128

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>DART AEROSPACE LTD</b>		<b>Work Order:</b> 120326
<b>Description:</b> Wear plate		<b>Part Number:</b> 114956-15
<b>Inspection Dwg:</b> 04956 <b>Rev:</b>		<b>Page 1 of 1</b>

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.188"	+0.005 -0.001	0.189"	-		V	Jkm05
0.300"	H-0.010"	0.301"	-		V	
0.300"	"	0.302"	-		V	
1.885"	"	1.890"	-		V	
2.000"	"	2.000"	-		V	
7.650"	"	7.652"	-		V	
11.150"	"	11.150"	-		V	Jkm08
16.400"	"	16.400"	-		T	Jkm07
21.850"	"	21.850"	-		T	
26.900"	"	26.900"	-		T	
32.150"	"	32.150"	-		T	
35.650"	"	35.650"	-		T	
37.650"	"	37.650"	-		T	
41.150"	"	41.150"	-		T	
41.53"	H-0.030"	41.53"	-		T	
5.00"	"	5.005"	-		V	
13.00"	"	13.00"	-		T	
21.00"	"	21.00"	-		T	
29.00"	"	29.00"	-		T	

DAS

23  
9-89

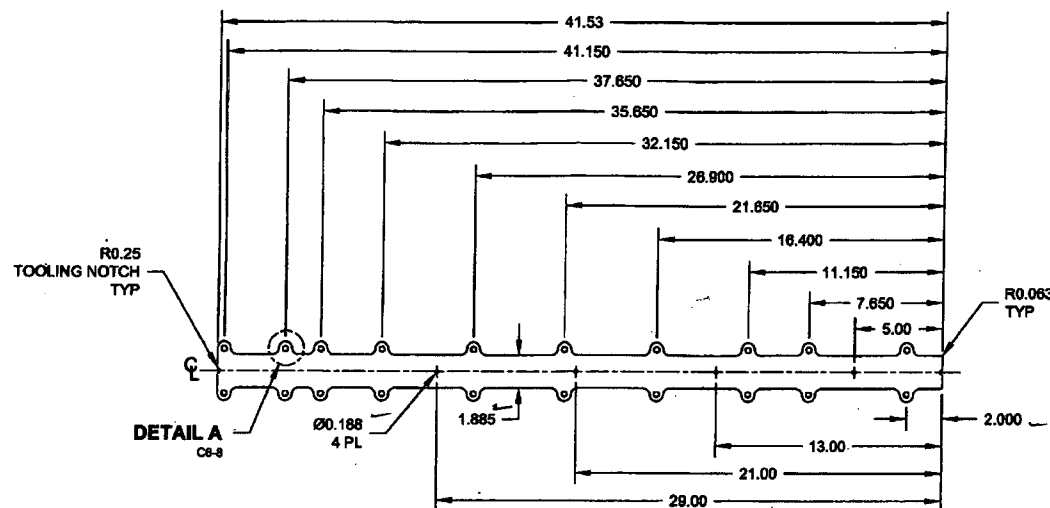
<b>Measured by:</b>	
<b>Date:</b>	14-06-13

<b>Audited by:</b>	SMP
<b>Date:</b>	14/6/13

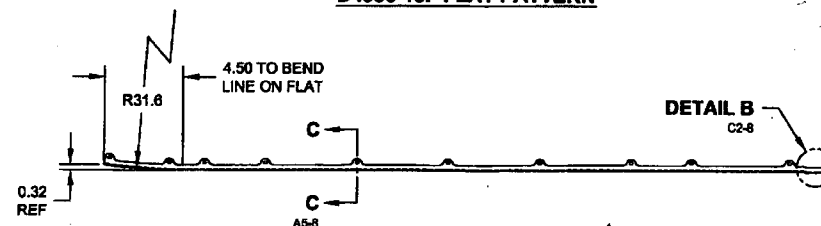
<b>Preliminary Approval:</b>	
<b>Date:</b>	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



**D4956-15F FLAT PATTERN**



**D4956-15 WEARSHOE**  
(MAKE FROM D4956-15F)

**NOTES**

- 1) MATERIAL: AISI 304/316 SS SHEET, 0.038 THICK (20 GAUGE)  
PER AMS 5513 OR 5524 OR ASTM A240 OR ASME SA240  
REF DART SPEC M304S20GA
- 2) FINISH: COAT ENTIRE TOP (CONCAVE) SURFACE WITH TEXTURED COATING, 0.020-0.040 THICK, PER DART QSI 005 4.9
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N AND B/N PER DART QSI 044 6.1 (FINE POINT PAINT MARKER)
- 7) WEIGHT: 0.95 lbs
- 8) SYMMETRY: ABOUT CENTERLINE

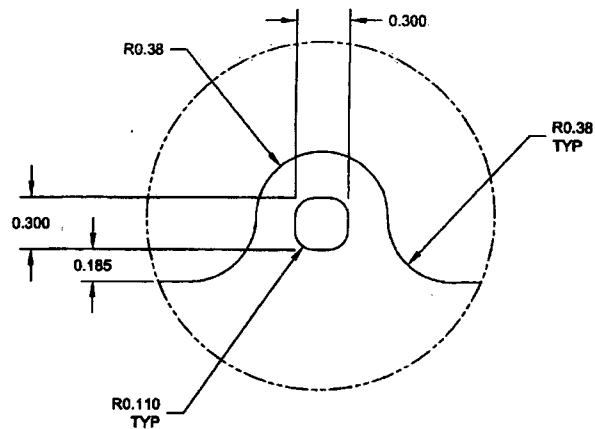
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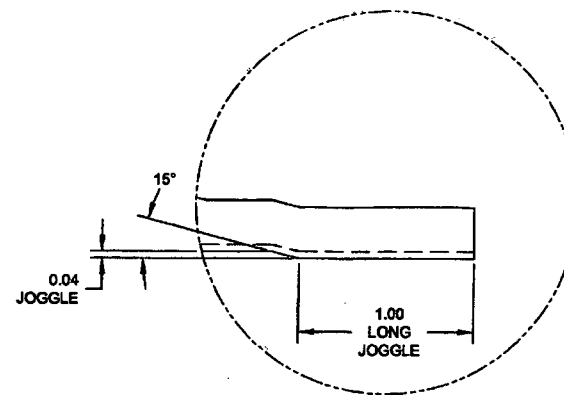
**1406-06**

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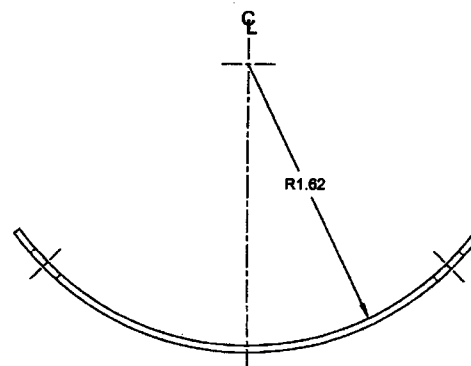
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DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED	A.P.	DRAWING NO.	REV. A
MFG. APPR.		D4956	SHEET 2 OF 8
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**DETAIL A** C8-1 C4-1  
C8-2 C1-3  
C2-4  
C8-5 C2-5  
C8-6 C2-6  
C4-7 C3-7



**DETAIL B** B6-1 B2-1  
B3-2  
B6-3 B1-3  
B2-4  
B4-7 B1-7



**SECTION C-C** B7-1 B3-1  
B5-2  
B7-3 B3-3  
B6-4  
B7-5 B3-5  
B7-6 B3-6  
B7-7 B3-7

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MFG. APPR.	AS	D4956	SHEET 8 OF 8
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